# 13031100724

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2013 JUL 26 AM 9: 59

1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT ♥	Example:If typing, type over the lines	FEU	MAIL CENTER
L	AMERICAN ACADEMY OF I	EMERGENCY MEDICINE POLITI	CAL ACTION COMMITTEE A	AEM PAC	
L	<u> </u>	<del></del>		<del></del>	
A₽I	DRESS (number and street)	555 East Wells Street, Suite 1	100		
	Check if different than previously reported. (ACC)	Milwaukee		WI 5	33202 - 3823
2.	FEC IDENTIFICATION NUM	BER ♥ CITY	4	STATE A	ZIPCODE A
	C00324780	3. IS T	HIS X NEW OR	AMENDED (A)	
4.	TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Yunderly Report(Non-election Year Only) (MY)  Termination Report(TER)	(c) 12-Day PRE-Election Report for the:  (d) 30-Day Post -Election Report for the:	(M3) Jun 20 (M6) (M4) Jul 20 (M7) Primary (12P) Convention (12C)	Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)  Jan 31 (YE)  Runoff (12R)  in the State of  Special (30S)  in the
5.	Covering Period 0 1	01 2013	through .06	30 2013	State of
Тур	ertify that I have examined this be or Print Name of Treasurer anature of Treasurer	Report and to the best of my kno  Mr. Kevin Beier	wledge and belief it is true, co	Date 07 2	3 2013
NO	TE : Submission of false, erro	neous, or incomplete information	may subject the person signir	ng this Report to the pena	lties of 2 U.S.C 437g.
	Office Use			1 1	FORM 3X ev. 02/2003)

#### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC 06 2013 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 247360.45 2013 January 1 (b) Cash on Hand at 247360.45 Begining of Reporting Period ..... 13575.76 13575.76 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 260936.21 260936.21 6(a) and 6(c) for Column B) ..... 20892.03 20892.03 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 240044.18 240044.18 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed TO the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed BY the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW

Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

# 3031100726

#### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

R	eport Covering the Period: From:	01 2013 To	D: 06 30 Y 2013
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		
	(i) Itamized (use Schedule A)	2100.00	2100.00
	(ii) Unitemized	11201.00	11201.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	13301.00	13301.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	13301.00	13301.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
		0.00	0.00
	Loan Repayments Received  Offsets To Operating Expenditures		
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	274.76	274.76
18.	Transfers from Nen-Ferlernt and Levin Funds		
	(a) Nen-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	13575.76	13575.76
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	13575.76	13575.76

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B** II. DISBURSEMENTS **Total This Period** Calendar Year-to-Date 21. Operating Expenditures:
(a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00  $0.00^{-}$ (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 392.03 392.03 Expenditures..... (c) Total Operating Expenditures 392.03 392.03 (add 21(a)(i), (a)(ii) and (b))........... 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to Federal Candidates/Committees..... 0.00 0.00 and Other Political Committees..... 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) ..... (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) .......... 20500.00 20500.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share ..... 0.00 0.00 (ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds ..... (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 20892.03 20892.03 23, 24, 25, 26, 27, 28(d), 29 and 30(c))... 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) 20892.03 20892.03 from Line 31).....

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	13301.00	13301.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
3 <b>5</b> .	Net Contributions (other than loans) (subtract Line 34 from Line 33)	13301.00	13301.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	392.03	392.03
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	392.03	392.03

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

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<u> </u>	NAME OF COMMITTEE (In Full)											-
$\rangle$	AMERICAN ACADEMY OF EMERGENC	OMN	IITTE	ΞA	AEM F	PAC .						
Α.	Full Name (Last, First, Middle Initial) Dr. Michael R. Burton					Date o	of Re	eceipt				
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	City	State	Zip Code		L	Transa	ctio	n ID: 🤄	SA11A	1.45	11	
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	Primary General Other (specify) ▼			500.00	]							
В.	Full Name (Last, First, Middle Initial) Dr. Rebecca K. Carney-Calisch					Date o	of Re	eceipt				
	Mailing Address 11582 Traillbrook Ln					01	]′	O S			113	
	City	State	Zip Code						SA11A			
	San Diego	CA	92128	<del></del>	┥	Amou	nt of	Each	Receipt	this F	eriod	<del></del> -
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	Primary ☐ General Other (specify) ▼		1 1 1 1	500.00	]							
— С.	Full Name (Last, First, Middle Initial) Dr. Bernard J. Crain		· · · · · · · · · · · · · · · · · · ·			Date o	of Re	eceipt				
	Mailing Address 5104 W NC 10 Hwy						7		2 [	,2(	013	
	City	State	Zip Code		L				SA11A			
	Hickory	NC	28602-972	5	-	Amou	nt of	Each	Receip	t this F	Period	
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## SCHEDULE A (FEC Form 3X)

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC  Full Name (Last, First, Middle Initial)	IT	EMIZED RECEIPTS		Detailed Summ		X 1	<u> </u>	] 11b	11c	12	
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AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC  Full Name (Last, First, Middle Initial) D. S. Stephen H. Crouch Mailing Address 417 North Cass Avenue, 3a  City State Zip Code Westmont IL 80559 FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify) *  City State Zip Code Primary General Other (specify) *  Full Name (Last, First, Middle Initial) Date of Receipt  Transaction ID: SA11A1 4519  Anount of Each Receipt this Period  Aggregate Year-to-Date *  Date of Receipt  Transaction ID: SA11A1 4515  Anount of Each Receipt this Period  Transaction ID: SA11A1 4515  Anount of Each Receipt this Period  Transaction ID: SA11A1 4515  Anount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Occupation  FEC ID number of contributing Coller (specify) *  General Other (specify) *  Aggregate Year-to-Date *  Perion Primary General Other (specify) *  Aggregate Year-to-Date *  Date of Receipt  Transaction ID: SA11A1 4521  Anount of Each Receipt this Period  Individual Contributions  Date of Receipt  Transaction ID: SA11A1 4521  Anount of Each Receipt this Period  Transaction ID: SA11A1 4521  Anount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Class State	or	<del></del>	e name and a	ddress of any poli	tical committee	to solicit	contri	butions	from suc	h commi	tee.
Full Name (Last, First, Middle Initial)  A. D. Stephen H. Crouch  Mailing Address 417 North Cass Avenue, 3a  City  Westmont  IL 60559  FEC (ID number of contributing federal political committee.  Name of Employer  Receipt For:    Primary   General   Gener	/	• •	10)/ 1/20:-	DO: :=:0::	AOTION	~					
A. D. Stephen H. Crouch Mailing Address 417 North Cass Avenue, 3a  City Westmont IL 60559  FEC ID number of contributing federal political committee.  City Primary General Other (specify) *  City Name of Employer  Receipt For: Primary General Other (specify) *  Receipt For: Primary General Occupation  City Aggregate Year-to-Date *  Date of Receipt this Period  Coupation  Date of Receipt this Period  Coupation  Individual Contributions  Date of Receipt this Period  Coupation  Date of Receipt this Period  Coupation  Date of Receipt this Period  Date of Receipt this Period  Date of Receipt this Period  Primary General Other (specify) *  Date of Receipt this Period  For Sunday this Period  Date of Receipt t	/	AMERICAN ACADEMY OF EMERGEN	NCY MEDIC	INE POLITICAL	. ACTION CO	JMMIT	LE A	ALM F	PAC		
City State Zip Code Westmont	A.	· · · · · · · · · · · · · · · · · · ·			-	Date	of R	eceipt			
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Full Name (Last, First, Middle Initial)  B. Dr. William T. Durkin Mailing Address 3101 N. Hampton Drive, #505  City Alexandria  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify) State Date of Receipt  Transaction ID: SA11A1.4515  Amount of Each Receipt this Period  FEC ID number of contributions over \$200  Individual Contributions over \$200  Date of Receipt Transaction ID: SA11A1.4515  Amount of Each Receipt this Period  Fell Name (Last, First, Middle Initial)  Date of Receipt  Transaction ID: SA11A1.4515  Amount of Each Receipt this Period  Fell Name (Last, First, Middle Initial)  Date of Receipt  Transaction ID: SA11A1.4521  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify) Feach  Substortal of Receipts This Page (optional)		<b>—</b> ` — 1	23.233	<del></del>	11	1					
B. Dr. William T. Durkin  Mailling Address 3101 N. Hampton Drive, #505  City State Zip Code VA 22302  FEC ID number of contributing federal political committee.  Name of Employer  Full Name (Last, First, Middle Initial)  City Alexandria  FEC ID number of contributing federal political committee.  Primary General Other (specify) ▼  State Zip Code Jacksonville  FL 32207  FEC ID number of contributing federal political committee.  Date of Receipt  Transaction ID: SA11A1.4515  Amount of Each Receipt this Period  Individual Contributions over \$200  Date of Receipt  M** Y 23 / 2913  Transaction ID: SA11A1.4515  Amount of Each Receipt this Period  Date of Receipt  M** Y 22 / 2913  Transaction ID: SA11A1.4515  Amount of Each Receipt this Period  EC ID number of contributing federal political committee.  Name of Employer  Occupation  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Date of Receipt  M** Y 23 / 2913  Transaction ID: SA11A1.4515  Amount of Each Receipt this Period  EC ID number of contributions  Individual Contributions over \$200  Individual Contributions  Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)		Other (specify) ▼			200.00	1					
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Cother (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Philip R. Sharp  Mailing Address 1815 Largo Road, #3  City  Jacksonville  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  General  Other (specify) ▼  Subtote			Aggicgati	real-to-bate v	<del></del>	,					
C. Dr. Philip R. Sharp  Mailing Address 1815 Largo Road, #3  City State Zip Code  Jacksonville FL 32207  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  Date of Receipt  Transaction ID: SA11A1.4521  Amount of Each Receipt this Period  Individual Contributions over \$200  Pagregate Year-to-Date ▼  900.00			<u> </u>		500.00	]					
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### SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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	ny information copied from such Reports and Stat for commercial purposes, other than using the na				
$\rangle$	NAME OF COMMITTEE (In Full) AMERICAN ACADEMY OF EMERGENCY	Y MEDIC	INE POLITICAL ACTION (	COMMITTEE AAEM PAC	
۱.	Full Name (Last, First, Middle Initial) Capital One Direct Bank			Date of Receipt	
	Mailing Address PO Box 4197			06 30 2013	
	City	State	Zip Code	Transaction ID: SA17.4525	
	Houston	TX	77210-4197	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	c		204.75	
	Name of Employer	Occupation	n	Interest from account	
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 204.75	7	

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	204.75
TOTAL This Period (last page this line number only)	<u> </u>	204.75

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	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE N (check only	1
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page	X 21b   27	22 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports and Stat for commercial purposes, other then using the no			
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
	AMERICAN ACADEMY OF EMERGENC	MEDICINE POLITICAL AC	CTION COM	MITTEE AAEM PAC
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.4528
A.	US Treasury - IRS		Date of Disbursement	
	Mailing Address 324 25th Street			03 1 7 20 13
	City	State Zip Code		Amount of Each Disbursement this Period
	Ogden	UT 84401-2310		
	Purpose of Disbursement Form 1120-POL tax payment for 2012		268.00	
	Candidate Name		Category/ Type	
	Office Sought: House Disburs	ement For:		
	Senate	Primary General		
	President	Other (specify) ▼	•	
	State: District:		<b>{</b>	

SUBTOTAL of Disbursements This Page (optional)	<u></u>	268.00
TOTAL This Period (last page this line number only)	•	268.00

31	CHEDULE B (FEC FORM 3X)	Use seperate s	chedule(s)	FOR LINE	PAGE 10/11						
ITEMIZED DISBURSEMENTS		for each category of the Detailed Sunmary Page		(check only	7 22 7 23	24 25 26					
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101	or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME OF COMMITTEE (In Full)										
$ \rangle$	AMERICAN ACADEMY OF EMERGENCY	MEDICINE PO	LITICAL AC	TION COM	MITTEE AAEN	I PAC					
<u></u>	Full Name (Last, First, Middle Initial)				T	.0500.4505					
A.	ERIC PAC				Transaction ID Date of Disburs	sement					
	Mailing Address 25 E. Main Street, Suite 2	200				1 2013					
	= :- <b>y</b>		Code 219-2109		Amount of Eacl	h Disbursement this Period					
	Purpose of Disbursement	252	.19-2103			5000.00					
	Contribution for campaign			011	<del></del>	<del></del>					
	Candidate Name			Category/ Type							
		ment For:	General								
	Senate   X   President	Primary Other (specify) *									
	State: District:										
P	Full Name (Last, First, Middle Inftial)				Transaction ID						
В.	Friends of Joe Heck				Date of Disburs	· * 1 /   * * * * * * * * * * * * * * * * * *					
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C.	Full Name (Last, First, Middle Initial) Kaine for Virginia				Transaction ID Date of Disburs						
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/	NAME OF COMMITTEE (In Full)  AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC															
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(7/2013)

### **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Fed EX Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 7/26/13 DATE PREPARED